

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ALABAMA

Case number (if known)

Chapter

7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Integrity Family Care Inc.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

DBA Integrity Family Care North Alabama LLC
DBA Integrity Family Care North Alabama
DBA Integrity Family Care LLC
DBA Integrity Family Care

3. Debtor's federal Employer Identification Number (EIN) 81-3042285

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

1041 Balch Road, Suite 300
Madison, AL 35758

Number, Street, City, State & ZIP Code

Madison
County

25 Beck St
Huntsville, AL 35806

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://www.integrityfamilycare.com/

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check **all** that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 04/01/25 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D) and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

Debtor Integrity Family Care Inc. Case number (if known) _____
Name

List all cases. If more than 1,
attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 23, 2022
MM / DD / YYYY

X /s/ Jason Lockette
Signature of authorized representative of debtor

Title President

Jason Lockette
Printed name

18. Signature of attorney

X /s/ Kevin D. Heard
Signature of attorney for debtor

Date **May 23, 2022**
MM / DD / YYYY

Kevin D. Heard
Printed name

Heard, Ary & Dauro, LLC
Firm name

**303 Williams Avenue
Park Plaza, Suite 921
Huntsville, AL 35801**
Number, Street, City, State & ZIP Code

Contact phone 256-535-0817 Email address kheard@heardlaw.com

ASB-4873-E50K AL
Bar number and State

Fill in this information to identify the case:

Debtor name Integrity Family Care Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ALABAMA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 23, 2022

X /s/ Jason Lockette

Signature of individual signing on behalf of debtor

Jason Lockette

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Integrity Family Care Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **177,754.56****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **177,754.56****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **2,465,436.87****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **116,607.18****4. Total liabilities**
Lines 2 + 3a + 3b\$ **2,582,044.05**

Fill in this information to identify the case:Debtor name Integrity Family Care Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF ALABAMA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Progress BankChecking7463\$155.653.2. Tower Community BankChecking7601\$25.003.3. Bank Independent - doubtful4670Unknown**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$180.65**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

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Best Case Bankruptcy

Debtor Integrity Family Care Inc.
Name

Case number (If known) _____

☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 5,000.00 - 0.00 = \$5,000.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,000.00

Part 4: Investments

13. **Does the debtor own any investments?**

☐ No. Go to Part 5.

☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity: % of ownership		
15.1.	Non-Controlling Ownership in NAHR, LLC as of 12/31/2021	%	\$4,905.71
15.2.	Integrity Family Care North Alabama LLC	100 %	\$0.00

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$4,905.71

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

☒ No. Go to Part 6.

☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

Debtor Integrity Family Care Inc.
Name

Case number (If known) _____

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software <u>See, Attachment-Office Equipment</u>	<u>Unknown</u>		<u>\$23,235.00</u>

1352690 GE MEDICAL S L6-12-Rs Probe S/N:
190531103336

1352717 GE MEDICAL S Logiq V2 Usa S/N:
190531103337

1352441 GE MEDICAL S Needle Recognition
Option

1352321 GE MEDICAL S Onsite Apps Trng 1
Day

1352531 GE MEDICAL S Logiq V1/V2 Cart Usa

Unknown

\$15,107.95

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$38,342.95

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor Integrity Family Care Inc.
Name

Case number (If known) _____

60. **Patents, copyrights, trademarks, and trade secrets**

61. **Internet domain names and websites**
www.integrityfamilycare.com

Unknown

Unknown

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

\$0.00

Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

Employee Retention Tax Credit

Tax year _____

\$94,325.25

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Potential cause of action against Lister Healthcare Corporation for breach of contract and negligence in regards to operation of business assets.

Unknown

Nature of claim

Amount requested

\$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to**

Debtor Integrity Family Care Inc.
Name

Case number (If known) _____

set off claims

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Medicare Quality Incentive 2021

\$35,000.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$129,325.25

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Integrity Family Care Inc.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$180.65</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$5,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$4,905.71</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$38,342.95</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$129,325.25</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$177,754.56</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$177,754.56</u>

Attachment - Office Equipment

Qty		
1	Chair, blood drawing	
15	Cabinet, sharps	
15	Can, waste	
4	Light, exam, LED with mobile stand	
16	Stool, exam, airlift	
6	Table, exam, drawer, lift	
4	Upholstery top, pebble grey	
4	Table, exam, flat	
4	table, base, tilt	
2	Illuminator, vaginal, cordless	
1	Spirometer, PC based	
1	Arm, cable, EKG office cart	
1	EKG office cart	
1	EKG software	
3	Monitor, BP	
3	Power mgmt stand	
2	Scale, digital	
2	Mayo stand	
1	thermometer	
2	wheelchair, 24" and 18"	
10	emesis basin	
6	wash basin	
1	cryotherapy kit	
1	contanier, sharps	
3	reflex hammer	
4	rechargeable battery wall plug	
4	ophthalmoscope head	
4	otoscope head	
1	nebulizer	
1	microwave	
1	compact refrigerator	
2	refrigerator	
2	Mini refrigerator	
1	Phillips AED	
1	GE ultrasound/stand	
1	high frequency ultrasound probe	
1	low frequency ultrasound probe	
1	server battery backup	taken by IT provio
1	large mounted white board	
3	TV, Roku, with Apple TV	
1	Lexmark color copier/scanner/fax	
1	Lexmark B/W copier/scanner/fax	
3	Sonos Wifi speakers	
1	Dell server	taken by IT provio
1	Apple iMac, 24'	
7	Epson scanner	
1	MacBook, 13'	
14	Dell laptop/charger/mouse	taken by IT provio
3	Apple MacMini	
6	Dell desktop/monitor	taken by IT provio
3	Chromebook	
2	Monitor	
1	HP desktop/monitor	taken by IT provio
4	Herman Miller Mirra 2 Chair for receptionists	
1	Arcadia Avesa Island seating unit for 6 and 4 tables(quarter round in kona Beech withDesigner White Corian tablets)	
1	Arcadia Serafina Bench seating for 3	

4	Langston Lounge chairs, Momentum Bravo II, Cinder Upholstery
2	Arcadia Soleil Guest Chairs, Maharam Anagram Seat back, Momentum Bravo Seat, Corian Arms
2	Arcadia Soleil Bariatric Guest Chair,
2	Arcadia Soleil Guest Chairs, Hip chairs
2	Herman Miller Everywhere Bistro Height tables, 30"dia, Warm Grey Neutral Formcoat, metallic silver base
6	Izzy Smile Thermoplastic Barstools, Macaw Blue
2	Wit High Back chairs without arms, Apple Mesh Back, Greystone seat
2	Herman Miller Eames Molded Plastic chairs with arms
2	Herman Miller Eames Molded Plastic chairs without arms
2	Height Adjustable Herman Miller Locale Stations
10	Wit High Back chairs without arms, Apple Mesh Back, Greystone seat
1	Sit On It Wit chair with arms
1	L-Shaped Herman Miller Office
1	Herman Miller Eames Molded Plastic chair without arms
5	Herman Miller Setu Chairs without arms
2	Herman Miller Setu chairs with 4 star base and glides
1	Herman Miller Exclave Table, Teardrop without cutouts for power, seated height
4	Herman Miller Canvas workstations with storage dividers
4	Herman Miller Mirra 2 Chairs
1	Herman Miller Social Chairs to create banquettes and booths
3	Screens for behind Social Chair Banquette
2	Herman Miller 30 Diameter Tables
1	Herman Miller 30x30 Square tables
11	Izzy Smile Thermoplastic chairs
7	Sit On It Wit chairs with Arms
5	Herman Miller 24x60 tables with glides
7	Herman Miller Mobile Pedestals 20"d B/F with cushion top
2	Ventura Heavy Duty Benches
21	Herman Miller Eames Molded Plastic Chairs with Arms
5	Herman Miller Eames Molded Plastic Chairs without arms
2	Intensa Upholstered Phlebotomy chair
1	Intensa Upholstered Bariatric Phlebotomy Chair
16	Polycom VVX 250 phones

Fill in this information to identify the case:Debtor name **Integrity Family Care Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	CPI/AHP Huntsville Madison MOB Owner, LL Creditor's Name 1767 Singing Palm Dr. Apopka, FL 32712 Creditor's mailing address rmonroe@anchorhealthpro perties.com Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Lease 1041 Balch Rd Suite 300 Madison, AL Describe the lien Lease Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,194,737.58	\$0.00
2.2	Dell Financial Creditor's Name Attn: Bankruptcy Department P.O. Box 5275 Carol Stream, IL 60197 Creditor's mailing address us.dfs.smb@dell.com Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Computers and server Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$19,826.66	\$5,000.00

Debtor **Integrity Family Care Inc.**
Name

Case number (if known)

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3

**Highland Capital
Corporation**

Creditor's Name

**5 Center Avenue
Little Falls, NJ 07424**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Equipment

\$10,241.00

\$0.00

Describe the lien

UCC

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4

Kapitus, LLC

Creditor's Name

**2500 Wilson Blvd.
Suite 350
Arlington, VA 22201**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/27/2021

Last 4 digits of account number

1041

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

\$134,265.54

Unknown

Describe the lien

Loan Agreement

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5

**TIAA Commercial Finance,
Inc.**

Describe debtor's property that is subject to a lien

\$11,122.40

\$15,107.95

Debtor **Integrity Family Care Inc.**
Name

Case number (if known)

Creditor's Name

1352690 GE MEDICAL S L6-12-Rs Probe S/N:
190531103336
1352717 GE MEDICAL S Logiq V2 Usa S/N:
190531103337
1352441 GE MEDICAL S Needle Recognition
Option
1352321 GE MEDICAL S Onsite Apps Trng 1
Day
1352531 GE MEDICAL S Logiq V1/V2 Cart

10 Waterview Blvd.
Parsippany, NJ 07054

Creditor's mailing address

Describe the lien

Equipment Lease

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

4/24/2019

Last 4 digits of account number

0834

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6

**Top of Alabama Regional
Council of Gover**

Creditor's Name

**Attn: Bankruptcy
Department**

**5075 Research Drive NW
Huntsville, AL 35805**

Creditor's mailing address

Describe debtor's property that is subject to a lien

UCC 18-7192015

\$196,828.00

Unknown

Creditor's email address, if known

Date debt was incurred

8/20/15

Last 4 digits of account number

0171

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe the lien

Loan & Security Agreement

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7

Tower Community Bank

Creditor's Name

**Attn: Bankruptcy
Department**

**8097 Madison Blvd., Ste.
106**

Madison, AL 35758

Creditor's mailing address

Describe debtor's property that is subject to a lien

UCC 21-7416181: All accounts and equipment

\$366,220.32

Unknown

Describe the lien

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.8

U.S. Small Business Administration

Creditor's Name

**Attn: Bankruptcy Department
2 North Street, Suite 320
Birmingham, AL 35203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
UCC 20-7203962

\$532,195.37

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,465,436.87

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**Henry Schein, Inc.
135 Duryea Road
Melville, NY 11747**

On which line in Part 1 did you enter the related creditor?

Line 2.5

Last 4 digits of account number for this entity

1468

**Kapitus Servicing, Inc.
2500 Wilson Blvd.
Suite 350
Arlington, VA 22201**

Line 2.4

1041

Debtor	Integrity Family Care Inc.	Case number (if known)	
	<small>Name</small>		
	Kyle A. Scholl	Line	<u>2.1</u>
	200 Randolph Ave Suite 200		
	Huntsville, AL 35801		
	Lanier Ford Shaver & Payne PC	Line	<u>2.6</u>
	PO Box 2087		
	Huntsville, AL 35804		

Attachment - Highland Capital Equipment

Qty	UOM	Vendor Abbr	Catalog Num	Full Item Desc
1	EA	Coultr	973111	Analyzer, Access Sts 2 la Coultr
1	EA	Couleq	1111	Analyzer, CBC
1	EA	Coultr	2015-142170239	Analyzer, Au480
1	EA	Lab	1111	Lab Consultant Credit
1	EA	Winco	2573-08	Chair, Blood Drawing Blk Winco
1	EA	Lab	LIS	LIS System
1	EA	Mgm148	604	Rocker, Bld Tube 15place
15	EA	Mgm128	2265	Cabinet, Sharps W/glove Holder Mgm128
15	EA	Mgm81	81-35266	Can, Waste Step-On Sq Mtl Wht 32qt Mgm81
2	EA	Wa	44400	Light, Exam Gs-300 General Led W/mobile Stand Wa
16	EA	Midmrk	272-001-312	Stool, Exam Pnau Airlift 5leg Blk Midmrk
6	EA	Midmrk	204-002	Table, Exam Base Drawer/tilt/htr Midmrk
6	EA	Midmrk	002-0870-216	Top, Upholstery F/204/222 Softtouch Pebble Gry Midmrk
4	EA	Pss732	2060F-GNMTLDC	Table, Exam H Flat Hldr/cuttergmm/dchry 27"
2	EA	Wa	79910	Illuminator, Vaginal Cordless W/charg Stand Wa
1	EA	Wa	SPIRO-S	Spirometer, Pc Based W/cal Syr Wa
1	EA	Wa	RV100-B	Camera, Retinavue Svc Contract Required
1	EA	Wa	102794	Arm, Cable F/ecg Office Cart Pc Based Wa
2	EA	Wa	75CT-B	Monitor, Bp Connex Spo2 Suretemp W/radio
1	EA	Wa	105341	Cart, Ecg 1shlf 2wre Baskets 4wheels Wht
1	EA	Polstr	500KL	Scale, Physician Dig W/htr Rod 500lb Polstr
1	EA	Wa	CPR-UI-UB-D	Software, Pcr-100l Interp Pc-Based Resting Ecg Wa
2	EA	Mgm81	81-11100	Stand, Mayo Instrument Dbl Post Base
2	EA	Wa	7000-APM	Stand, Pwr Mgt Accessory
1	EA	Wa	01690-200	Thermometer, Suretemp Plus W/oral Prob Wa
1	EA	Mgm16	115-6801	Wheelchair, Rem Dsk Arm Swng Ft Blk 24" Lf Mgm16
1	EA	Mgm16	115-3667	Wheelchair, Rem Dsk Arm Swng Ft Blk 18" Lf Mgm16
4	EA	Midmrk	222-016	Base, Table W/tilt/htr Ritter 222 Midmrk
2	EA	Wa	44400	Light, Exam Gs-300 General Led W/mobile Stand Wa
4	EA	Midmrk	002-0870-216	Top, Upholstery F/204/222 Softtouch Pebble Gry Midmrk
1	BX	Mckesn	00487950125	Albuterol Sulfate, Sol Inh .083mg/ml 3ml (25/bx) 9neph
1	BX	Mgm16	24-106	Applicator, Cotton Tip N/s 6" (100/bg 10bg/bx 10bx Mgm16
6	EA	Mckesn	45802006003	Bacitracin, Oint 500u/gm 30gm 9perr
6	BX	Mgm16	16-4821	Bandage, Adhsv Shr Strp 1x3 (100/bx 24bx/cs) Mgm16
10	EA	Mgm144	51-4881-11	Basin, Emesis 9" Mve (250/cs) Mgm144
6	EA	Pss144	2336	Basin, Wash Rectgl Turquoise 7.4qt (50/cs) Pss144
1	BX	Mgm16	24-202	Blade, Tongue Sr 6" N/s Lf (500/bx 10bx/cs) Mgm16
1	CS	Mgm18	18-10856	Cape, Exam T/p/l F/b Opn Econ Wht 30x21 (100/cs) Mgm18
1	EA	Mgm80	80-8705	Container, Sharps Stackable 8gl Red (10/cs)
1	CS	Mgm16	16-9526	Container, Spec W/ld Str 4oz Taped (100/cs) Mgm16
6	BX	Wa	05031-750	Cover, Probe Oral Suretemp Disp (250/bx 30bx/cs) Wa
1	BX	Mgm140	73	Cryotherapy Kit, Trmtl 40buds/95ml (1/bx) Mgm140
1	EA	Imdsys	76329906100	Epinephrine, Mdv 1mg/ml 30ml 9lnmed
16	BX	Mgm14	14-688	Glove, Exam Nitr Pf Text Lg (100/bx 10bx/cs)
16	BX	Mgm14	14-686	Glove, Exam Nitr Pf Text Med (100/bx 10bx/cs) Mgm14
16	BX	Mgm14	14-684	Glove, Exam Nitr Pf Text Sm (100/bx 10bx/cs)
1	CS	Mgm18	18-10847	Gown, Exam T/p/l Econ Blu 30x42 (50/cs) Mgm18
3	EA	Mgm43	43-2-010	Hammer, Taylor Percussion Og Std Mgm43
4	EA	Wa	71000-A	Handle, Rechargeable Battery Wall Plug In 3.5v Wa

4	EA	Wa	11710	Head, Ophthalmoscope Halogen 3.5v Wa
4	EA	Wa	25020	Head, Oloscope Diagnostic W/apcula 3.5v Wa
12	EA	Mgm23	23-D0012	Hydrogen Peroxide, 3% 16oz (12/cs) Mgm23
2	EA	Busse	751	Laceration Tray, Minor W/instr (20/cs) Busse
1	BX	Mgm16	16-PASL21G	Lancet, Safety Press Activ Gm 2.0mm 21g (100/bx 20bx/cs)
1	EA	Hospira	317803	Lidocaine Hcl +apl, Ftv 1% 50ml (25/pk) Hospira
1	EA	Hospira	427602	Lidocaine Hcl, Mdv 1% 50ml (25/pk) Hospira
6	EA	Mgm119	119-8919	Lubricating Jelly, Tu Str 4oz Flip-Top (12/bx) Mgm119
1	BX	Mgm16	91-2002	Mask, Face Proc W/earlp Lf Blu (60/bx 10bx/cs) Mgm16
1	EA	Drvmcd	4650D	Nebulizer, Pulmomate A/c L/c 3prong Plug Devibs
1	CS	Psscnp	32644	Nebulizer, W/mouthpc Lf Adlt 7lu (60/cs)
1	BX	Mgm102	102-N251S	Needle, Safety 25gx1" (100/bx 8bx/cs) Mgm102
1	BX	Mgm102	102-N2558S	Needle, Safety 25gx5/8" (100/bx 8bx/cs) Mgm102
1	BT	Mckesn	00071041813	Nitrostat, Tab Subl 0.4mg (25/bt 4bl/ct) 9pfz
1	BT	Mgm61	61-59120	Packing Strip, Plain 1/4"x5yds Str Lf (12 Mgm61
6	BX	Mgm16	58-204	Pad, Alcohol Prep Str Med (200/bx) Mgm16
1	CS	Mgm18	18-804	Paper, Table Crepe 21"x125" (12rl/cs) Mgm18
1	EA	Pspord	42023010401	Ppd Aplisol, VI 5tu/0.1ml 1ml (10test/vl) Jhphm
1	EA	Mgm123	1311	Punch, Biopsy Disp Str 3mm (25/bx) Mgm123
1	EA	Mgm123	1314	Punch, Biopsy Disp Str 5mm (25/bx) Mgm123
6	EA	Mgm37	37-6280	Saline, Irr Sol 0.9% 500ml (18/cs) Mgm37
1	BX	Mgm16	16-63811	Scalpel, Disp Non-Sfty Str Lf #11 (10/bx 10bx/cs)
1	BX	Mgm16	16-63815	Scalpel, Disp Non-Sfty Str Lf #15 (10/bx 10bx/cs)
1	CS	Mgm18	18-824	Sheet, Drape 2ply Wht 40x48 (100/cs) Mgm18
1	VL	Tecmed	7482	Silver Nitrate, Appl 6" (100/vl 10vl/cs) Tecmed
1	BG	Wa	52432-U	Specula, Kinspc 2.75mm (34/tu 25tu/bg 10bg/cs) Wa
1	BG	Wa	52434-U	Specula, Kinspc 4.25mm (34/tu 25tu/bg 10bg/cs) Wa
1	BX	Wa	59004	Specula, Vag Kleenspec Prem Lg (18/bx 4bx/cs) Wa
1	BX	Wa	59001	Specula, Vaginal Kleenspec Prem 59D Med (24bx 4bx/ Wa
1	BX	Wa	59000	Specula, Vaginal Kleenspec Prem 59D Sm (24/bx 4bx/ Wa
16	BG	Mgm16	44122000	Sponge, Gze 4"x4" 12ply N/s (200/bg) Mgm16
1	BX	Mgm130	S699G	Suture, Nylon Blk 4-0 Dsm13/ps 18" (12/bx)
1	BX	Mgm130	S698G	Suture, Nylon Blk 5-0 Dsm13/p3 18" (12/bx)
1	BX	Mgm130	SJ494G	Suture, Pgs 4-0 Dsm13/p3 18" (12/bx)
1	BX	Mgm16	24-808	Swab, Ob/gyn 8" (50/bx) Mgm16
1	BX	Psscnp	987	Swabstick, Pvp Str (3/pk 25pk/bx 10bx/cs)
1	BX	Mgm167	1181200777KM	Syringe, LI 10cc (100/bx 10bx/cs)
1	BX	Bd	309571	Syringe/ndi, 3cc 23gx1" (100/bx) Bd
1	BX	Mgm124	102-SNT1C2705	Syringe/ndi, Tb Detachable 1cc27gx1/2" (100/bx) Mgm124
1	BX	Mgm115	100193	Tape, Paper Prem 1"x10yds (12/bx 10bx/cs) Mgm115
1	KT	Wampl	416-022	Test Kit, Blnax Influenza A+b Walved (22test/kt) Wampl
5	BX	Wampl	1115015	Test Kit, Hba1c Hemoglobin Afinion Glyctd (15test/bx Wampl
1	KT	Mgm32	5012	Test Kit, Mono Walved Apprv F/all Ages (25/kt)
1	BX	Mgm126	300	Test Kit, Occult Bld Coloscm 1's (100/bx)
1	KT	Mgm32	5001	Test Kit, Preg Hcg Cassette Walved (25/kt)
1	KT	Mgm32	5003	Test, Kit Strep A Dipstick Walved (25/kt)
36	BX	Kclapc	21400	Tissue, Facial Kleenex (100/bx 36bx/cs) Kclapc
1	BX	Psscnp	269	Towelette, Bzk (100/bx 10bx/cs) Psscnp
17	BX	Mgm16	50-66160	Wipe, Germicide Lg 6"x8.75" (160/bx 12bx/cs) Mgm16

Fill in this information to identify the case:Debtor name **Integrity Family Care Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Alliant Group LP 3009 Post Oak Blvd Houston, TX 77056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$23,581.31
3.2	Nonpriority creditor's name and mailing address AT&T Attn: Bankruptcy Department P.O. Box 105262 Atlanta, GA 30348-5262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$177.35
3.3	Nonpriority creditor's name and mailing address Capital One Attn: Bankruptcy Department P.O. Box 5294 Carol Stream, IL 60197-5294 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$18,626.06
3.4	Nonpriority creditor's name and mailing address First Insurance Funding Attn: Bankruptcy Department 450 Skokie Blvd., Ste. 1000 Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number <u>1206</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,518.00

Debtor **Integrity Family Care Inc.**
Name

Case number (if known)

3.5	Nonpriority creditor's name and mailing address Fite Construction 3116 Sexton Rd Decatur, AL 35603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,236.33
3.6	Nonpriority creditor's name and mailing address Foojee 6275 University Drive Suite 37 #331 Huntsville, AL 35806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$570.00
3.7	Nonpriority creditor's name and mailing address Henry Schein Attn: Bankruptcy Department Dept. CH 14125 Palatine, IL 60055-4125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,429.31
3.8	Nonpriority creditor's name and mailing address ICS 230 Second Ave Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.50
3.9	Nonpriority creditor's name and mailing address InstaMed 1880 John F. Kennedy Blvd Philadelphia, PA 19103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
3.10	Nonpriority creditor's name and mailing address Integrity Family Care, Inc. 1041 Balch Rd Suite 300 Madison, AL 35758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity Interest</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.11	Nonpriority creditor's name and mailing address Lightwire Solution 910 Wilson St NE Decatur, AL 35601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,080.00

Debtor **Integrity Family Care Inc.**
Name

Case number (if known)

3.12	Nonpriority creditor's name and mailing address MedPro 5814 Reed Rd Fort Wayne, IN 46835 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$576.97
3.13	Nonpriority creditor's name and mailing address Nextiva 9451 East Via De Ventura Scottsdale, AZ 85256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,433.45
3.14	Nonpriority creditor's name and mailing address Patterson Prince & Assoc. PC 475 S Seminary St Florence, AL 35630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,475.00
3.15	Nonpriority creditor's name and mailing address Systemedx 18741 US Highway 31 N Suite 103 Cullman, AL 35058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,541.11
3.16	Nonpriority creditor's name and mailing address TASC 2302 International Ln Madison, WI 53704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,272.00
3.17	Nonpriority creditor's name and mailing address Vital Records Control 485 Production Ave Madison, AL 35758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.43
3.18	Nonpriority creditor's name and mailing address Warren Averett 2500 Acton Rd Birmingham, AL 35243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,820.00

Debtor Integrity Family Care Inc. Case number (if known) _____

Name

3.19 Nonpriority creditor's name and mailing address

WOW! Business
PO BOX 4350
Carol Stream, IL 60197-4350

Date(s) debt was incurred April 2022

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$488.36

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: closed account

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Vital Records Control PO Box 11407 Birmingham, AL 35246	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>116,607.18</u>
5c.	\$ <u>116,607.18</u>

Fill in this information to identify the case:Debtor name **Integrity Family Care Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Non-residential lease dates Sept. 26, 2016**

State the term remaining

List the contract number of any government contract _____

CPI/AHP Huntsville Madison MOB Owner, LL

2.2. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease Agreement dated 1/9/2017 - Initial Term: 60 months - \$2,048.00/month - \$1.00 Purchase Option at end of initial term**

State the term remaining

List the contract number of any government contract _____

Renewal - Month to Month or Purchase (?)**Highland Capital Corporation
5 Center Avenue
Little Falls, NJ 07424**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Loan Agreement dated 4/27/2021 - Principal Amount \$150,000 - 104 payments of \$2079.00 12 months**

State the term remaining

List the contract number of any government contract _____

**Kapitus, LLC
2500 Wilson Blvd.
Suite 350
Arlington, VA 22201**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Option Agreement to Purchase dated 10/22/2021 - 100% of equity interests - Terminates after 3 years Business Associate Addendum / Interim Management Services Agreement 30 months

State the term remaining

List the contract number of any government contract

**Lister Healthcare Corporation, Inc.
2807 West Mall Drive
Florence, AL 35645**

2.5. State what the contract or lease is for and the nature of the debtor's interest

Equipment Finance Agreement dated 5/31/2019 - Supplier: Henry Schein, Inc. - 60 month Term - \$379/month Contract No. 41920834 1352690 GE MEDICAL S L6-12-Rs Probe S/N: 190531103336 1352717 GE MEDICAL S Logiq V2 Usa S/N: 190531103337 1352441 GE MEDICAL S Needle Recognition Option 1352321 GE MEDICAL S Onsite Apps Trng 1 Day 1352531 GE MEDICAL S Logiq V1/V2 Cart Usa CLOSED?

State the term remaining

List the contract number of any government contract

**TIAA Commercial Finance, Inc.
10 Waterview Blvd.
Parsippany, NJ 07054**

Fill in this information to identify the case:Debtor name **Integrity Family Care Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Integrity Family Care North Alabama LLC**
**1041 Balch Rd. Ste 300
Madison, AL 35758**

**CPI/AHP Huntsville
Madison MOB
Owner, LL**

☒ D **2.1**
☐ E/F _____
☐ G _____

2.2 **Jason Lockette**
**25 Beck St NW
Huntsville, AL 35806**

Kapitus, LLC

☒ D **2.4**
☐ E/F _____
☐ G _____

2.3 **Jason Lockette**
**25 Beck St NW
Huntsville, AL 35806**

**Tower Community
Bank**

☒ D **2.7**
☐ E/F _____
☐ G _____

2.4 **Jason Lockette**
**25 Beck St NW
Huntsville, AL 35806**

**U.S. Small Business
Administration**

☒ D **2.8**
☐ E/F _____
☐ G _____

2.5 **Jason Lockette**
**25 Beck St NW
Huntsville, AL 35806**

**CPI/AHP Huntsville
Madison MOB
Owner, LL**

☒ D **2.1**
☐ E/F _____
☐ G _____

Debtor **Integrity Family Care Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Jason Lockette, PC	20 Hughes Road Suite 101 Madison, AL 35758	Top of Alabama Regional Council of Gover	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Jonathan Osborne	1039 Hampton Place Birmingham, AL 35242	U.S. Small Business Administration	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Jonathan Osborne	1039 Hampton Place Birmingham, AL 35242	CPI/AHP Huntsville Madison MOB Owner, LL	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Jonathan Osborne, Jr.	1039 Hampton Place Birmingham, AL 35242	Kapitus, LLC	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Jason Lockette	25 Beck St NW Huntsville, AL 35806	Lister Healthcare Corporation, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.4</u>
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2.11	Jonathan Osborne	1039 Hampton Place Birmingham, AL 35242	Lister Healthcare Corporation, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.4</u>
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Fill in this information to identify the case:Debtor name Integrity Family Care Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF ALABAMA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2022** to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other _____**Gross revenue**

(before deductions and exclusions)

Unknown**For year before that:**From **1/01/2020** to **12/31/2020**☒ Operating a business☐ Other _____**\$2,211,176.00****For the fiscal year:**From **1/01/2019** to **12/31/2019**☒ Operating a business☐ Other _____**\$210,573.00****For the fiscal year:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other _____**\$1,857,219.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from****each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Kapitus Servicing, Inc. 2500 Wilson Blvd. Suite 350 Arlington, VA 22201		\$6,875.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	CPI/AHP Huntsville DV 2022 9000871	Unlawful detainer action	Madison County District Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Republic Finance vs. Robinson DV 20-901293	garnishment.		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Heard, Ary & Dauro, LLC 303 Williams Avenue Park Plaza, Suite 921 Huntsville, AL 35801		May 13, 2022	\$8,900.00
Email or website address www.heardlaw.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor **Integrity Family Care Inc.**

Case number (if known) _____

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Huntsville Hospital 101 Sivley Road SW Huntsville, AL 35801	Database of records		Unknown
	Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Integrity Family Care, Inc. PO Box 14099 Belfast, ME 04915	Healthcare	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 1041 BALCH RD., STE. 300 MADISON, AL 35758	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Confidential healthcare information**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	US Bank Account Analysis and Billing 200 South 6th Street Minneapolis, MN 55402	XXXX-7043	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__		\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Highland Capital Corporation 5 Center Avenue Little Falls, NJ 07424	1041 BALCH RD. AL 357 STE. 300 Madison, AL 35758	Highland Equipment List	\$11,009.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the

medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Integrity Family Care North Alabama, LLC Madison, AL 35758	100%	Dates business existed EIN: 81-3269686 From-To present

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Patterson Prince and Assoc. PC 475 S. Seminary St. Florence, AL 35630	2019-present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Jason Lockette Madison, AL 35758	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Jason Lockette	25 Beck St NW Huntsville, AL 35806	President	13.3%
Jonathan Osborne	1039 Hampton Place Birmingham, AL 35242	Director	28.3%
Randy Garner	1458 Baton Rouge Way Grayson, GA 30017	Director	3.2%
Chandler Hall	81 Town Center Drive Huntsville, AL 35806	Director	3.1%
Jacqueline Parker	2369 Ooltewah-Ringgold Rd Ringgold, GA 30736	Director	.08%
Tommie Goggans	450 Meadow Wood Rd Gadsden, AL 35901	Director	0

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in

control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☐ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☐ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 23, 2022

/s/ Jason Lockette
Signature of individual signing on behalf of the debtor

Jason Lockette
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☐ Yes

United States Bankruptcy Court
Northern District of Alabama

In re **Integrity Family Care Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>8,900.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>8,900.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 23, 2022

Date

/s/ Kevin D. Heard

Kevin D. Heard

Signature of Attorney

Heard, Ary & Dauro, LLC

303 Williams Avenue

Park Plaza, Suite 921

Huntsville, AL 35801

256-535-0817 Fax: 256-535-0818

kheard@heardlaw.com

Name of law firm

**United States Bankruptcy Court
Northern District of Alabama**

In re **Integrity Family Care Inc.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 23, 2022**

/s/ Jason Lockette

Jason Lockette/President

Signer/Title

CPI/AHP Huntsville Madison MOB Owner, AT&T 1767 Singing Palm Dr. Apopka, FL 32712	Attn: Bankruptcy Department P.O. Box 105262 Atlanta, GA 30348-5262	Integrity Family Care North Alabama 1041 Balch Rd. Ste 300 Madison, AL 35758
Dell Financial Attn: Bankruptcy Department P.O. Box 5275 Carol Stream, IL 60197	Capital One Attn: Bankruptcy Department P.O. Box 5294 Carol Stream, IL 60197-5294	Integrity Family Care, Inc. 1041 Balch Rd Suite 300 Madison, AL 35758
Highland Capital Corporation 5 Center Avenue Little Falls, NJ 07424	CPI/AHP Huntsville Madison MOB Owner, Jason Lockette 25 Beck St NW Huntsville, AL 35806	
Kapitus, LLC 2500 Wilson Blvd. Suite 350 Arlington, VA 22201	First Insurance Funding Attn: Bankruptcy Department 450 Skokie Blvd., Ste. 1000 Northbrook, IL 60062	Jason Lockette, PC 20 Hughes Road Suite 101 Madison, AL 35758
TIAA Commercial Finance, Inc. 10 Waterview Blvd. Parsippany, NJ 07054	Fite Construction 3116 Sexton Rd Decatur, AL 35603	Jonathan Osborne 1039 Hampton Place Birmingham, AL 35242
Top of Alabama Regional Council of Government Attn: Bankruptcy Department 5075 Research Drive NW Huntsville, AL 35805	Boojee 6275 University Drive Suite 37 #331 Huntsville, AL 35806	Jonathan Osborne, Jr. 1039 Hampton Place Birmingham, AL 35242
Tower Community Bank Attn: Bankruptcy Department 8097 Madison Blvd., Ste. 106 Madison, AL 35758	Henry Schein Attn: Bankruptcy Department Dept. CH 14125 Palatine, IL 60055-4125	Lightwire Solution 910 Wilson St NE Decatur, AL 35601
U.S. Small Business Administration Attn: Bankruptcy Department 2 North Street, Suite 320 Birmingham, AL 35203	ICS 230 Second Ave Waltham, MA 02451	Lister Healthcare Corporation, Inc. 2807 West Mall Drive Florence, AL 35645
Alliant Group LP 3009 Post Oak Blvd Houston, TX 77056	InstaMed 1880 John F. Kennedy Blvd Philadelphia, PA 19103	MedPro 5814 Reed Rd Fort Wayne, IN 46835

Nextiva
9451 East Via De Ventura
Scottsdale, AZ 85256

Kyle A. Scholl
200 Randolph Ave Suite 200
Huntsville, AL 35801

Patterson Prince & Assoc. PC
475 S Seminary St
Florence, AL 35630

Lanier Ford Shaver & Payne PC
PO Box 2087
Huntsville, AL 35804

Systemedx
18741 US Highway 31 N Suite 103
Cullman, AL 35058

Vital Records Control
PO Box 11407
Birmingham, AL 35246

TASC
2302 International Ln
Madison, WI 53704

Warren Averett
2500 Acton Rd Suite 200
Birmingham, AL 35243

Vital Records Control
485 Production Ave
Madison, AL 35758

Warren Averett
2500 Acton Rd
Birmingham, AL 35243

WOW! Business
PO BOX 4350
Carol Stream, IL 60197-4350

Henry Schein, Inc.
135 Duryea Road
Melville, NY 11747

Kapitus Servicing, Inc.
2500 Wilson Blvd.
Suite 350
Arlington, VA 22201

**United States Bankruptcy Court
Northern District of Alabama**

In re **Integrity Family Care Inc.**

Debtor(s)

Case No.

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Integrity Family Care Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

May 23, 2022

Date

/s/ Kevin D. Heard

Kevin D. Heard

Signature of Attorney or Litigant

Counsel for **Integrity Family Care Inc.**

Heard, Ary & Dauro, LLC

303 Williams Avenue

Park Plaza, Suite 921

Huntsville, AL 35801

256-535-0817 Fax:256-535-0818

kheard@heardlaw.com